

# ENROLLMENT APPLICATION

Children's BEST Learning Center

998 Lake Joy Road

Warner Robins, GA 31088

953-8676/FAX 953-2895

Entrance Date \_\_\_\_\_ (Office Only) Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Name preferred \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

School previously attended \_\_\_\_\_

Reason for non-return \_\_\_\_\_

Does any outstanding balance exist with other school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

How did you learn about our center? \_\_\_\_\_

Has applicant ever had any discipline or emotional problems in school preschool/  
daycare? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been suspended or expelled from preschool/daycare?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

My child has the following special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is child potty trained? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child have any identifying birthmarks? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please identify in detail: \_\_\_\_\_  
\_\_\_\_\_

Does child take medication on a regular basis? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Allergies or other medical or drug-related limitations? \_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Address \_\_\_\_\_

Parental Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated  
\_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased

Father's Full Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Employer's Address \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Employer's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Living Arrangements \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Child's Legal Guardian(s) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Name of other household members/relationship

Name/Relationship

Name/Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: This Enrollment Application is the first step in enrolling your child in Child**